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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 030258-059211
<b>CERTIFICATE OF FACSIMILE</b> [37 CFR 1.8(b)]	In re Application of <b>Maheswaran, et al.</b>	
I hereby certify that this correspondence is being transmitted via facsimile to the United States Patent and Trademark Office, MAIL STOP AMENDMENT at (571) 273-8300 on <u>March 26, 2007</u> Signature: <u>Tina-Michelle Pitusley</u> Name: <u>Tina-Michelle Pitusley</u>	Application Number <b>10/646,784</b>	Filed <b>August 25, 2003</b>
	For <b>USE OF MULLERIAN INHIBITING SUBSTANCE AND INTERFERON FOR TREATING TUMORS</b>	
	Group Art Unit <b>1642</b>	Examiner <b>AEDER, Sean E.</b>
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate entity fee are as follows		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)		\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)		\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)		\$ <u>510.00</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)		\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)		\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status.		
<input type="checkbox"/> A check to cover the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0850</u> . I have enclosed a duplicate copy of this sheet.		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>		
I am the <input type="checkbox"/> applicant/inventor		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record.		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____		
<u>David S. Resnick</u> Signature		<u>3/26/07</u> Date
<u>David S. Resnick (Reg. No. 34,235)</u> Typed or printed name		<u>617-345-6057</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		

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